

Complete Summary

TITLE

Glaucoma screening: percentage of Medicare members who received a glaucoma eye exam in the last two years by an eye-care professional.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 350 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of Medicare members 65 years and older without a prior diagnosis of glaucoma or glaucoma suspect who received a glaucoma eye exam in the last two years by an eye-care professional for early identification of persons with glaucomatous conditions. An eye-care professional is defined as an ophthalmologist or optometrist.

RATIONALE

People older than 60, African or Asian Americans over 40, diabetics, and people with a family history of glaucoma are more likely to have glaucoma. Screening for glaucoma among persons at high risk, such as the elderly is an important prevention strategy to identify patients with glaucoma and encourage early treatment to prevent glaucomatous eye damage. Studies have shown routine eye exams in the elderly are associated with maintaining reading ability and vision,

especially for diabetic patients. Comprehensive eye exams include tests that assess eye pressure, provide optic nerve imaging and visual field examination that can detect glaucoma.

In 2002, Medicare provided beneficiaries with new coverage for screening individuals at high risk for glaucoma, individuals with a family history of glaucoma, and diabetic patients. Early screening helps to prevent vision defects related to glaucoma; however, the rate of comprehensive eye exams in the elderly is only 42 percent to 48 percent, according to data in the Medicare fee-for-service population. Screening rates in the managed care population, based on National Committee for Quality Assurance (NCQA) field test results, showed a total rate of 75 percent, and ranged from 54 percent to 93 percent in several health plans.

PRIMARY CLINICAL COMPONENT

Glaucoma screening

DENOMINATOR DESCRIPTION

Medicare members age 67 years and older as of December 31 of the measurement year (see the "Description of Case Finding" and "Denominator Inclusions/Exclusions" fields in the Complete Summary)

NUMERATOR DESCRIPTION

Members from the denominator who received one (or more) eye exams for glaucoma by an eye care professional (ophthalmologist or optometrist) during the measurement year or the year prior to the measurement year (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2005: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2005.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation

Decision-making by businesses about health-plan purchasing

Decision-making by consumers about health plan/provider choice

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 67 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Glaucoma is a significant cause of legal blindness in this country and is the single most common cause of irreversible blindness among Africa-Americans in the United States. An estimated 130,000 Americans are legally blind due to glaucoma. It is estimated that at least 4.2 million individuals have glaucoma, although nearly half are probably not aware of this, and another five to ten million individuals have elevated intraocular pressure (IOP), which when treated in higher-risk individuals, can effectively delay or prevent glaucomatous damage. It is estimated that glaucoma affects two to three percent of the elderly population, and another four to seven percent of the U.S. population older than 40 years have elevated IOP without detectable glaucomatous damage on standard clinical tests. Over 2 years of follow-up, the risk of legal blindness (20/200 or worse) from newly diagnosed and treated ocular hypertension or primary open-angle glaucoma in a Caucasian population was estimated to be 27% in at least one eye, and 9% in both eyes. The risk was highest in those individuals who already had evidence of disc or visual field damage at the time of diagnosis.

EVIDENCE FOR INCIDENCE/PREVALENCE

Hattenhauer MG, Johnson DH, Ing HH, Herman DC, Hodge DO, Yawn BP, Butterfield LC, Gray DT. The probability of blindness from open-angle glaucoma. *Ophthalmology* 1998 Nov; 105(11): 2099-104. [PubMed](#)

Hiller R, Kahn HA. Blindness from glaucoma. *Am J Ophthalmol* 1975 Jul; 80(1): 62-9.

Kahn HA. Statistics in blindness. In: The model reporting area 1969-1970. Washington (DC): US, DHEW; 1973. (PHS Pub no. (NIH); no. 73-427).

Kass MA, Heuer DK, Higginbotham EJ, Johnson CA, Keltner JL, Miller JP, Parrish RK 2nd, Wilson MR, Gordon MO. The Ocular Hypertension Treatment Study: a randomized trial determines that topical ocular hypotensive medication delays or prevents the onset of primary open-angle glaucoma. *Arch Ophthalmol* 2002 Jun; 120(6): 701-13; discussion 829-30. [PubMed](#)

Prevent Blindness America, National Eye Institute. Vision problems in the US. [internet]. Schaumburg (IL): Prevent Blindness America; 2002[cited 2003 Feb 13]. [42 p].

ASSOCIATION WITH VULNERABLE POPULATIONS

See "Rationale" and "Incidence/Prevalence" fields.

BURDEN OF ILLNESS

See "Incidence/Prevalence" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Medicare members age 67 years and older as of December 31 of the measurement year who were continuously enrolled during the measurement year and the year prior to measurement year with no more than one gap in enrollment of up to 45 days during each year of continuous enrollment

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Medicare members age 67 years and older as of December 31 of the measurement year

Exclusions

The managed care organization (MCO) may exclude members who had a prior diagnosis of glaucoma or glaucoma suspect in the measurement year or the year prior to the measurement year. Use the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes in Table GSO-B of the original measure documentation to identify members with diagnoses of glaucoma or glaucoma suspect in administrative data. The exclusion must have occurred on or before the end of the measurement year.

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Members from the denominator who received one (or more) eye exams for glaucoma by an eye care professional (ophthalmologist or optometrist) during the measurement year or the year prior to the measurement year. A member is considered to have had an eye exam for glaucoma if a submitted claim/encounter contains any one of the specified codes* for glaucoma screening.

*Refer to Table GSO-A in the original measure documentation for Current Procedure Terminology (CPT) and International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes to identify glaucoma screening eye exams.

Exclusions

Unspecified

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Glaucoma screening in older adults (GSO).

MEASURE COLLECTION

[HEDIS® 2006: Health Plan Employer Data and Information Set](#)

MEASURE SET NAME

[Effectiveness of Care](#)

DEVELOPER

National Committee for Quality Assurance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Jan

REVISION DATE

2005 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 350 p.

MEASURE AVAILABILITY

The individual measure, "Glaucoma Screening in Older Adults (GSO)," is published in "HEDIS 2006. Health Plan Employer Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2005: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 74 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on May 25, 2005. The information was verified by the measure developer on December 15, 2005.

COPYRIGHT STATEMENT

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For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to HEDIS Volume 2: Technical Specifications, available from the NCQA Web site at www.ncqa.org.

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